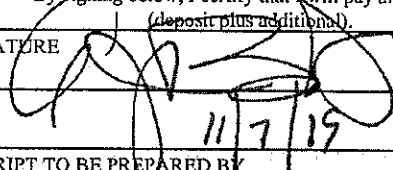


AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME A. Jo Baylor		2. PHONE NUMBER (512) 413-4276		3. DATE 11/7/2019	
4. DELIVERY ADDRESS OR EMAIL ajbaylor@yahoo.com		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER NO. 19-1064-TMD	9. JUDGE Judge Tony Davis	DATES OF PROCEEDINGS			
		10. FROM 11/5/2019		11. TO 11/5/2019	
12. CASE NAME J. PATRICK LOWE, Chapter 7 Trustee, §and SELENA D. I		LOCATION OF PROCEEDINGS			
		13. CITY Austin		14. STATE Texas	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)		11/05/19		Lynn Butler	
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)		11/05/19			
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		11/05/19		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		11/05/19			
<input checked="" type="checkbox"/> OPINION OF COURT		11/05/19			
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Brian Walters	
<input type="checkbox"/> BAIL HEARING				11/05/19	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COST
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 2		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE 				PROCESSED BY Blayne	
19. DATE 11/7/19				PHONE NUMBER 512-916-5237	
TRANSCRIPT TO BE PREPARED BY Exceptional Reporting				COURT ADDRESS 903 San Jacinto Ste. 322 Austin TX 78701	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY